

Dental Health
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A Nation in Need of Dental Care

When we think about keeping our bodies healthy, we often overlook our mouths. But oral health is essential to overall health and well-being. Many Americans cannot get the dental care that they need, and this is having a detrimental effect on their health, productivity, and financial stability.

Many Americans Don't Have Access to Routine Dental Care

- Nearly 49 million people in the United States have trouble finding a dental provider. These people live in Dental Health Professional Shortage Areas (Dental HPSAs) where the population to dentist ratio is more than 4,000 to 1. We would need nearly 9,600 additional dental providers to meet the current need.¹
- Even those with private health insurance may not have dental coverage. Dental coverage is an indicator of access to dental care. Out of 172 million Americans with private health insurance, 45 million had no dental insurance at all. That's more than one in four Americans (26 percent).²
- High out-of-pocket dental costs can cause families to accrue medical debt or forgo needed care. Out-of-pocket costs for all dental services totaled \$30.7 billion in 2008. They are the second highest out-of-pocket health care expenditure.³ (The leading out-of-pocket expense is prescription drugs.) Such high costs can be a deterrent to seeking care and a financial burden.
- About one-third of the American adult population does not see a dentist annually. In 2008, nearly one in every three American adults (31.5 percent) did not visit a dentist.⁴
- Americans are seeking dental care in the wrong place: the emergency room. Unfortunately, the emergency room may be the only place that some Americans can get dental care. Preventable dental conditions were the reason for more than 830,000 visits to the emergency room in 2009.^{5,6}

Unmet Dental Need Affects Oral and Overall Health

■ Tooth decay has become a childhood epidemic. More than half (51.2 percent) of children age 6 to 11 have tooth decay⁷ in their baby teeth,⁸ and more than two in three adolescents age 16 to 19 (67.5 percent) have tooth decay in their permanent teeth.⁹ Tooth decay is far more common than chronic childhood diseases like asthma and diabetes.

■ Poor oral health has been linked to poor overall health. The mouth is often referred to as a mirror to overall health and well-being. Oral infections not only are painful and affect one's ability to function normally, but they have also been linked with heart disease¹⁰ and poor pregnancy outcomes (premature births¹¹ and low-birth-weight babies¹²).

Poor Oral Health Results in Decreased Productivity

- Dental disease affects one's ability to eat, learn, work, and form social relationships. Your mouth is essential for eating and communicating. Dental disease limits those necessary activities. The physical manifestations of dental disease can affect one's self-esteem and ability to succeed.
- More than half of military recruits are deemed unfit for deployment due to dental health problems.¹³ In 2008, 52.5 percent of Department of Defense recruits were classified as Dental Fitness Class (DFC) 3. Recruits in DFC 3 require urgent dental care and are typically not considered deployable until treated. Our failure to prevent oral health problems is keeping otherwise able-bodied servicemen from protecting our country.

Oral health is a crucial part of overall health. As you work to advance health care issues in your state, it is important to include dental health in your health advocacy work. Because many dental diseases are preventable, focus your advocacy efforts on solutions that prevent dental disease and don't just treat it. Continue to implement the Affordable Care Act at the state level, as the Affordable Care Act will greatly expand access to dental coverage for children. In addition, if regulations pertaining to the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) are issued, use the opportunity to express your support for comprehensive dental benefits in the CHIP program.

Endnotes

- ¹ Health Resources and Services Administration, *Shortage Designation: Health Professional Shortage Areas and Medically Underserved Areas/Populations* (Rockville, MD: U.S. Department of Health and Human Services, 2012), available online at http://bhpr.hrsa.gov/shortage/, accessed on April 19, 2012. The population-to-dental provider ratio needed to meet the current need is 3,000 to 1.
- ² Barbara Bloom and Robin A. Cohen, National Center for Health Statistics, *Dental Insurance for People Under Age 65 Years with Private Health Insurance: United States, 2008* (Hyattsville, MD: U.S. Department of Health and Human Services, June 2010).
- ³ U.S. Bureau of Labor Statistics, *Consumer Out-of-Pocket Health Care Expenditures in 2008* (Washington: United States Department of Labor, March 25, 2010), available online at http://data.bls.gov/cgi-bin/print.pl/opub/ted/2010/ted_20100325. http://data.bls.gov/cgi-bin/print.pl/opub/ted/2010/ted_20100325. http://data.bls.gov/cgi-bin/print.pl/opub/ted/2010/ted_20100325.
- ⁴ Division of Oral Health, *National Oral Health Surveillance System Oral Health Indicators* (Atlanta, GA: Centers for Disease Control and Prevention, August 11, 2010), available online at http://www.cdc.gov/nohss/, accessed on March 22, 2012.
- ⁵ Pew Children's Dental Campaign, *A Costly Dental Destination: Hospital Care Means States Pay Dearly* (Washington: Pew Center on the States, February 2012), available online at http://www.pewtrusts.org/uploadedFiles/wwwpewtrustsorg/ Reports/State_policy/Pew_Report_A_Costly_Dental_Destination.pdf, accessed on March 7, 2012. For this report, the Pew Children's Dental Campaign identified preventable dental conditions using the International Classification of Diseases (ICD-9) codes 521: Diseases of hard tissue of teeth, and 522: Diseases of pulp and periapical tissues, which include conditions such as dental caries (tooth decay) and infections and diseases of the tooth, such as abscesses.
- ⁶ Pew Children's Dental Campaign, *A Costly Dental Destination: Hospital Care Means States Pay Dearly* (Washington: Pew Center on the States, February 2012), available online at: http://www.pewtrusts.org/uploadedFiles/www.pewtrusts.org/ Reports/State policy/Pew Report A Costly Dental Destination.pdf, accessed on March 7, 2012.
- ⁷ Also known as dental caries.
- ⁸ National Institute of Dental and Craniofacial Research, *Dental Caries (Tooth Decay) in Children (Age 2 to 11)* (Bethesda, MD: National Institutes of Health, March 25, 2011), available online at <a href="http://www.nidcr.nih.gov/nidcr2.nih.gov/Templates/CommonPage.aspx?NRMODE=Published&NRNODEGUID={F6F96C9E-1177-4934-9A6D-41289E197112}&NRORIGINALU RL=%2fDataStatistics%2fFindDataByTopic%2fDentalCaries%2fDentalCariesChildren2to11&NRCACHEHINT=Guest#Table1, accessed on March 22, 2012.
- ⁹ National Institute of Dental and Craniofacial Research, *Treatment Needs in Adolescents (12 to 19)* (Bethesda, MD: National Institutes of Health, March 25, 2011), available online at http://www.nidcr.nih.gov/DataStatistics/FindDataByTopic/TreatmentNeeds/Adolescents, accessed on March 22, 2012.
- ¹⁰ L. Montebugnoli, D. Servidio, R.A., Miaton, C. Prati, P. Tricoci, and C. Melloni, "Poor oral health is associated with coronary heart disease and elevated systemic inflammatory and haemostatic factors," *Journal of Clinical Periodontology* 31, no. 1 (January 2004): 25-29.
- ¹¹ Márta Radnai, István Gorzó, Erzsébet Nagy, Edit Urbán, Tibor Novák, Attila Pál, "A possible association between preterm birth and early periodontitis," *Journal of Clinical Periodontology* 31, no. 9 (September 2004): 736-741.
- ¹² Ananda P. Dasanayake, "Poor Periodontal Health of the Pregnant Woman as a Risk Factor for Low Birth Weight," *Annals of Periodontology* 3, no.1 (July 1998): 206-212.
- ¹³ COL David L. Moss, "The 2008 Army Recruit Oral Health Survey Results," *U.S. Army Medical Department Journal*, January-March 2011, pp. 62-7, available online at http://www.dtic.mil/dtic/tr/fulltext/u2/a538035.pdf, accessed on March 7, 2012.

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